Evaluation of MSM HIV Prevention Program 2009

After a decade of decreases in the reported HIV infection rate among MSM throughout the 1990s, a trend of increased HIV infections within this target group has been reported nationally in the decade following the 90s. As a response the Centers for Disease Control and Prevention made available funding to jurisdictions for evaluations of their HIV prevention programs targeting MSM. In Kentucky, although HIV cases diagnosed among MSM decreased from 46% in 2005 to 39% in 2009, a corresponding increase in the proportion of cases with an undetermined mode of transmission from 30% to 49% was observed. This leads to a conclusion that a large number of the cases without a reported mode of transmission may be MSM related and result from persons not wanting to identify or report MSM behavior.

The following is a summary of the evaluation process of the MSM HIV prevention project of the state of Kentucky, including a description of the methodology, findings, and recommendations.

Methodology:

The evaluation made use of multiple methods to obtain information about current and past HIV prevention interventions targeting MSM as well as information about desired and acceptable means for providing future HIV prevention messages and services: a) A provider workgroup was established comprised of HIV prevention specialists targeting MSM from state contracted agencies, a CDC directly funded CBO, other non-contracted CBOs and MSM members of the Kentucky HIV/AIDS Planning and Advocacy Council. b) A survey tool was developed to collect information about consumers use and attitudes toward HIV prevention services. c) Focus groups were conducted with consumers to obtain additional information about content and delivery methods of HIV prevention materials.

A) Provider Workgroup:

The provider workgroup was comprised of current and former MSM prevention specialists from contracted agencies, prevention specialists from a CDC directly funded CBO, representatives from other non-contracted CBOs, and MSM representatives of KHPAC- the Kentucky HIV Planning and Advisory Council), the group responsible for the community planning process in KY. All identifiable agencies targeting MSM for HIV prevention in KY were invited to participate in the workgroup. The workgroup was provided with 3 sets of information; past MSM prevention intervention data, STD data regarding MSM, and HIV epidemiological data regarding infection trends among MSM, and then asked to provide anecdotal information about the effectiveness of past and current MSM prevention activities.

The first presentation by Tom Collins, MSM Initiatives Coordinator and Jeff Herron, Sociologist from University of Kentucky was an analysis of past MSM interventions. Data was presented for two classes of intervention; those that collect client level information and those that collect aggregate level information. Information was presented for interventions conducted in 2004, 2005, and 2008. Data for 2006 and 2007 was unavailable due to report limitations of the CDC sponsored Prevention Evaluation Monitoring System (PEMS). Hard copies of 2008 data were used for this presentation rather than PEMS reports. This proved advantageous for the purpose of the evaluation since Diffusion of Effective Behavioral Interventions (DEBI) were implemented in 2006. A comparison between the pre-DEBI activities of 2004 and 2005 and the

post-DEBI implementation of 2008 was made. This provided a more complete picture of MSM prevention activities in KY than looking at post-DEBI implementation alone. Attachment A highlights the information provided to the workgroup striated by age and race per geographic region.

The second data set presented was correlative information between HIV infections among KY MSM and other Sexually Transmitted Infections. Teresa White, Disease Investigative Specialist assigned to Western KY provided the statewide information. MSM specific information for Chlamydia and Gonorrhea was not provided. The main focus of the presentation was Primary and Secondary Syphilis. As indicated in Attachment B, Primary and Secondary Syphilis infections among MSM have also been on the rise. A more concerning observation is the fact that the majority of Syphilis infections among MSM have been reported in HIV+ MSM. In 2009, almost 45 percent of HIV positive males in Jefferson County were also infected with early syphilis.

The final presentation by Karunakar Todigala, and Juli Nakayima, Epidemiologists from the KY HIV/AIDS Surveillance Section highlighted reported HIV infections among MSM in KY in regard to geographic distribution, Age, and race. Two points of interest from attachment C are the facts that moreyoung black MSM are being infected in the KIPDA region which include the city of Louisville, and that older white MSM are being infected in other areas of the state. Detailed information regarding HIV infection trends in KY are provided in attachment C.

After the presentations, the participants were asked to provide comment and anecdotal information about their experience providing HIV prevention services for MSM. There was almost total agreement with the information presented. Members of the workgroup had participated in Syphilis Elimination projects focusing on MSM. Members in the KIPDA region were aware of the issue of HIV infections among young black MSM and had participated in projects targeting this demographic. Recommendations from the workgroup will be covered in the section devoted to recommendations.

B) Survey Data

A survey tool (Attachment D) was developed to be implemented with MSM encountered through HIV prevention interventions. Current HIV Prevention Specialists targeting MSM distributed the surveys and data analysis (Attachment E) was completed By Jeff Herron. Participants received a small stipend for completion of the survey. A goal of 200 MSM surveys was set; 201 were completed. Surveys were sealed so that the distributer could not access the participant's answers. Two key findings from the surveys were the importance of HIV Counseling and Testing in the provision of prevention information to MSM and the preference of HIV prevention information delivered via the internet.

C) Focus Groups Data

Focus groups were conducted with MSM consumers by Tom Collins and Jeff Herron in an attempt to find out what specific information and delivery methods would be most acceptable to MSM for the delivery of HIV prevention messages and services. Recruitment for focus groups was conducted by CBOs, contracted as well as non-contracted. Social networks and clinical services proved to be the best form of recruitment. A goal of conducting 6 focus groups, two in

each prevention region, was set with the desire to have 90 MSM participate. 7 focus groups were conducted with 87 MSM attending. A key point of interest from the analysis of these focus groups (Attachment F) is the perception that HIV is not feared the way it was in the past. More points of interest from the focus group report (attachment F) will be highlighted in the recommendations section of this document.

Findings:

Workgroup

Following presentations, a focus group meeting was held with service providers to address three questions: 1) From the information presented, what disconnects have you noticed? 2) What populations have been identified as "in need" of greater prevention efforts? 3) What recommendations do you have for enhancing prevention efforts for MSM?

1) The participants' major recommendation in response to the first question was to enhance prevention efforts targeted at minority youth, particularly African American youth. Based upon epidemiology data provided, participants made a specific recommendation for enhanced HIV Prevention targeting AA MSM in the Louisville region (KIPDA).
2) Based upon epidemiology data presented combined with data from previous years, participants identified the following populations as being in need of greater prevention efforts: minority youth (particularly AA MSM), older white MSM (in regions other than KIPDA), HIV+, and NGI-MSM.
3) Participants also made recommendations for how to enhance prevention efforts for MSM based upon their experiences. Reducing the number of DEBI interventions and refocusing on previous interventions (i.e.: home risk reduction workshops) was the major recommendation of the participants. Participants also recommended reframing prevention messages to emphasize the cost and consequences of HIV infection. In addition, prevention messages should *not* be fear-based, but should rather emphasize building self-esteem in participants.

Survey

Responses to questions 22 and 30 of the survey tool (Attachment D) indicate the most frequently attended intervention as well the format preferred for receiving HIV education is HIV Counseling and Testing Services (CTS). According to survey responses, 94 of 201 participants had participated in counseling and testing (Table 3.1, Attachment E). In addition, 89 of 201 participants would be receptive to receiving HIV education in a counseling and testing session (Table 3.4, Attachment E).

Responses to questions 16, 30, and 32 of the survey tool (Attachment D) reveal additional information regarding the formatting of prevention messages. Responses to question 16 (Table 2.5, Attachment E) indicate that 95 of 201 participants currently utilize the Internet in locating sexual partners. In addition, 65 of 201 participants indicated that they would be receptive to prevention messages in an on-line format (Table 3.4, Attachment E). The most frequent

response to the question of what locations participants would be most motivated to participate in HIV prevention activities was on-line (Table 3.5, Attachment E).

Focus Group

Focus group data was analyzed through the same perimeters as the provider focus group: 1) From the information presented, what disconnects have you noticed? 2) What populations have been identified as "in need" of greater prevention efforts? 3) What recommendations do you have for enhancing prevention efforts for MSM?

1) Participants noted that advertisements for life-sustaining HIV medications promote an unrealistic message of living with HIV. The perceived effect of such advertisements is a decrease of the fear of HIV infection—particularly among youth. For a generation that was not present for the emergence of the HIV/AIDS epidemic, the gravity of the epidemic is not truly realized.
2) Focus group participants again identified youth and minority MSM as well as NGI-MSM as populations "in need" of greater prevention efforts. The same populations were identified by service providers.
3) Primary recommendations of the participants to enhance HIV prevention efforts were to provide prevention messages within a social context and to eroticize safer-sex practices. Participants reported being more receptive to group-level interventions rather than individual-level interventions, particularly social events relative to MSM sub-populations. Furthermore, as indicated in the survey data, the preferred current format for prevention messages is the Internet and HIV counseling and testing.

Recommendations

Presently, HIV counseling and testing sessions are the most utilized form of HIV prevention services as well as the most preferred format for perceiving HIV prevention education. Thus, continuation and enhancement of CTS for MSM is recommended.

In addition, development of on-line interventions are recommended; on-line prevention efforts were stressed by both service providers and consumers. The present lack of on-line prevention efforts presents a disconnect between the needs of consumers and services provided.

Expressed discontent of service providers with DEBIs, combined with desires of consumers for social networking opportunities and eroticism of safer-sex practices suggests the need for a reintroduction of home risk reduction workshops. This format would allow service providers greater creative freedom in delivering prevention messages; furthermore, as this is a suggestion of the consumers themselves, recruitment and retention are likely to improve due to it being a more desirable intervention. Uniform recognition by service providers as well as consumers substantiated by epidemiology data indicate enhanced prevention efforts targeting young AA MSM are needed.

Attachment A: Total on slides may not equal 100 due to indicator not being reported.

2008 Aggregate Data Race East Region

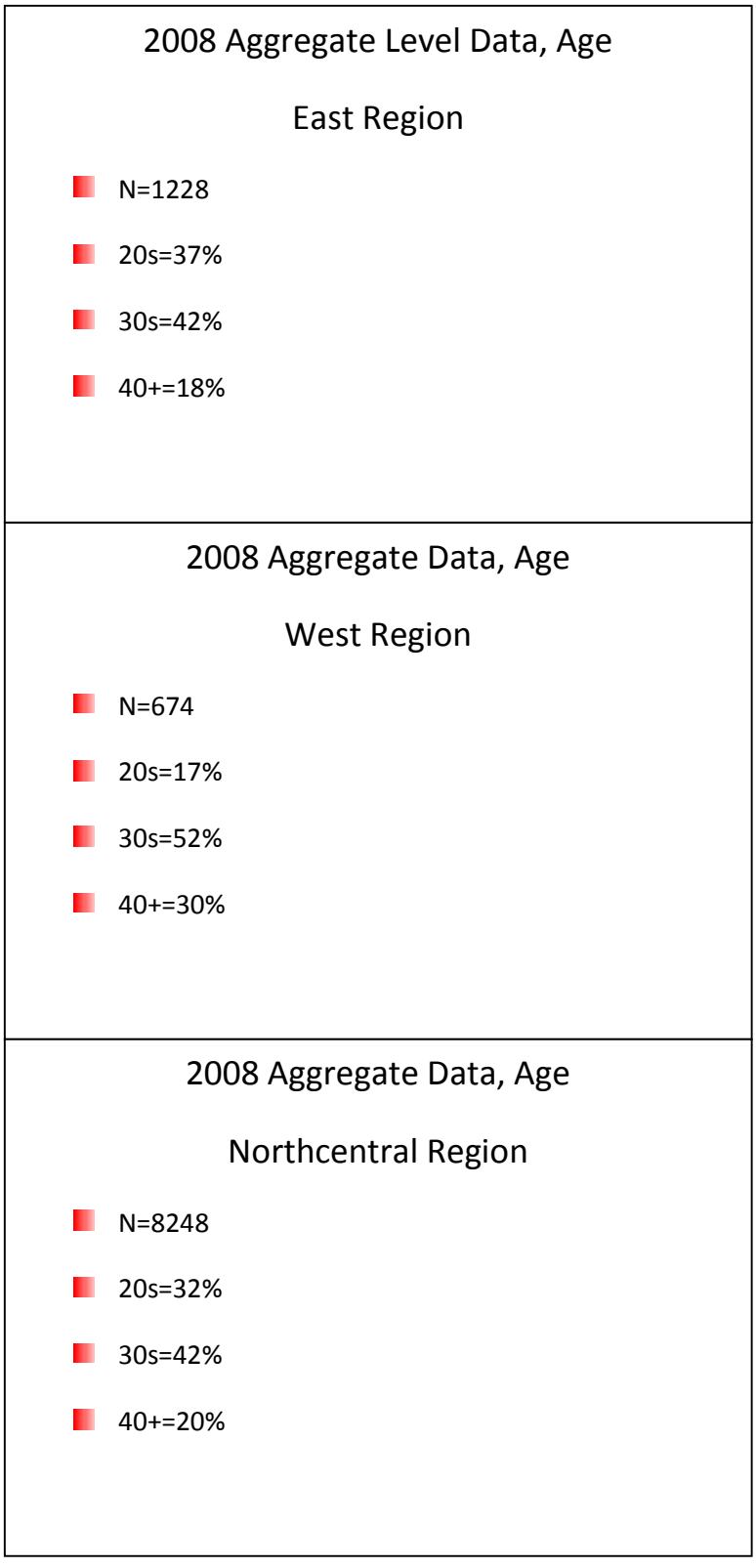
- N=1228
- 20% African American
- 5% Hispanic
- 75% White
- 8 months worth data

2008 Aggregate Data Race West Region

- N=674
- 15% African American
- 3% Hispanic
- 82% White

2008 Aggregate Data Race Northcentral Region

- N=8248
- 18% African American
- .6% Hispanic
- 81% White


2008 Aggregate Level Data, Age
East Region
N=1228
20s=37%
30s=42%
40+=18%
2008 Aggregate Data, Age
West Region
N=674
20s=17%
30s=52%
40+=30%
2008 Aggregate Data, Age
Northcentral Region
N=8248
20s=32%
30s=42%
40+=20%

2006 and 2007 data not available

- PEMS reports and data extracts do not provide the information necessary for this project.

2008 Client Level Data, Race

East Region

- Data collected from 3 GLI and PCM
- N=88
- 34% African American
- 66% White

2008 Client Level Data, Race

West Region

- Data collected from GLI, and PCM
- N=47
- 28% African American
- 69% White
- 2% Hispanic

2008 Client Level Data, Race

Northcentral Region

- Data collected from GLI and PCM
- N=139
- 40% African American
- 3% Hispanic
- 57% White

2005 Aggregate Data, Race

East Region

- Data collected from outreach and POL
- N=738
- 23% African American
- 3%Hispanic
- 74% White

2008 Client Level Data, Race

West Region

- Data collected from outreach and POL
- N=421
- 19% African American
- 3% Hispanic
- 78% White

2008 Client Level Data, Race

Northcentral Region

- Data collected from outreach and POL
- N=2487
- 18% African American
- 3% Hispanic
- 79% White

2005 Aggregate Level Data, Age,

East Region

- N=738
- <19=2%
- 20s=26%
- 30s= 38%
- 40=34%

2005 Aggregate Level Data, Age,

West Region

- N=421
- <19=1%
- 20s=30%
- 30s=32%
- 40+=37%

2005 Aggregate Level Data, Age,

Northcentral Region

- N=2,487
- <19=4%
- 20s=34%
- 30s=36%
- 40+=26%

2005 Aggregate Level Data, Race, East Region

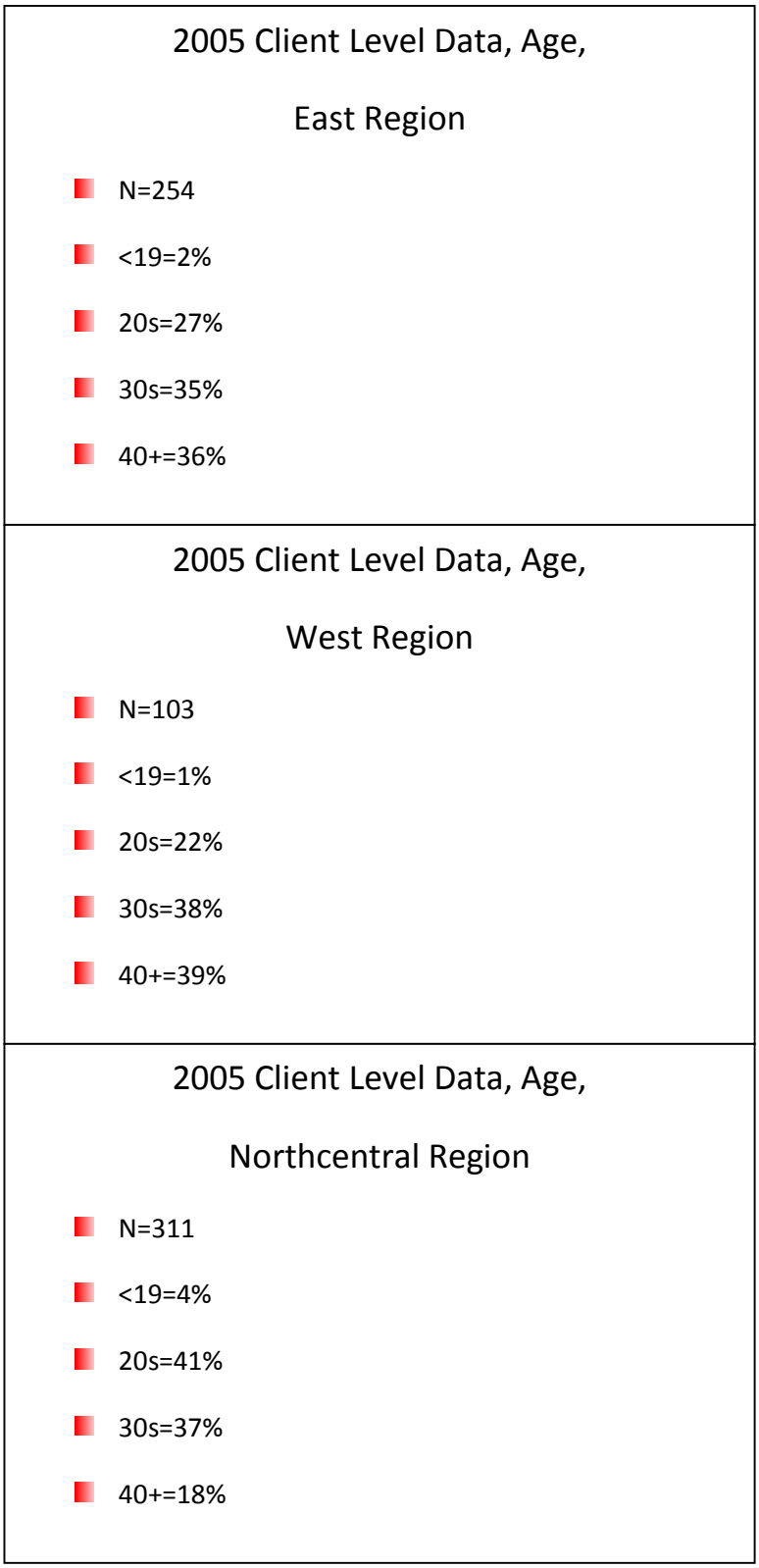
- N=254
- 37% African American
- 2% Hispanic
- 61% White

2005 Aggregate Level Data, Race, West Region

- N=103
- 20% African American
- 2% Hispanic
- 78% White

2005 Aggregate Level Data, Age, Northcentral Region

- N=311
- 41% African American
- 1% Hispanic
- 58% White


2005 Client Level Data, Age,
East Region
N=254
<19=2%
20s=27%
30s=35%
40+=36%
2005 Client Level Data, Age,
West Region
N=103
<19=1%
20s=22%
30s=38%
40+=39%
2005 Client Level Data, Age,
Northcentral Region
N=311
<19=4%
20s=41%
30s=37%
40+=18%

2004 Aggregate Level Data, Race, East Region

- N=609
- 31% African American
- 5% Hispanic
- 64% White

2004 Aggregate Level Data, Race, West Region

- N=337
- 19% African American
- 1% Hispanic
- 1% Asian
- 79% White

2004 Aggregate Level Data, Race, Northcentral Region

- N=585
- 28% African American
- 6% Hispanic
- 66% White

2004 Aggregate Level Data, Age,

East Region

- N=609
- <19=2%
- 20s=52%
- 30s=29%
- 40+=17%

2004 Aggregate Level Data, Age,

West Region

- N=337
- <19=3%
- 20s=20%
- 30s=33%
- 40+=44%

2004 Aggregate Level Data, Age,

Northcentral Region

- N=585
- <19=3%
- 20s=34%
- 30s=40%
- 40+=23%

2004 Client Level Data, Race,

East Region

- N=287
- 14% African American
- 1% Hispanic
- 85% White

2004 Client Level Data, Race,

West Region

- N=91
- 5% African American
- 95% White

2004 Client Level Data, Race,

Northcentral Region

- N=255
- 19% African American
- 5% Hispanic
- 76% White

2004 Client Level Data, Age,

East Region

- N=287
- <19=5%
- 20s=53%
- 30s=39%
- 40+=3%

2004 Client Level Data, Age,

West Region

- N=91
- <19=2%
- 20s=19%
- 30s=67%
- 40+=11%

2004 Client Level Data, Age,

Northcentral Region

- N=255
- <19=2%
- 20s=44%
- 30s=39%
- 40+=15%

Attachment B:

Male Primary and Secondary Syphilis Cases January –June 12, 2008									
2007	Total Cases	Cases w/partner Info	# HIV(+)	# HIV (-)	# HIV Unk	#MSM	#MSM HIV (+)	#MSM HIV (-)	#MSM HIV Unk
P&S♂	39	21	17	13	9	27	14	10	3
P&S ♀	5	4	0	4	1				

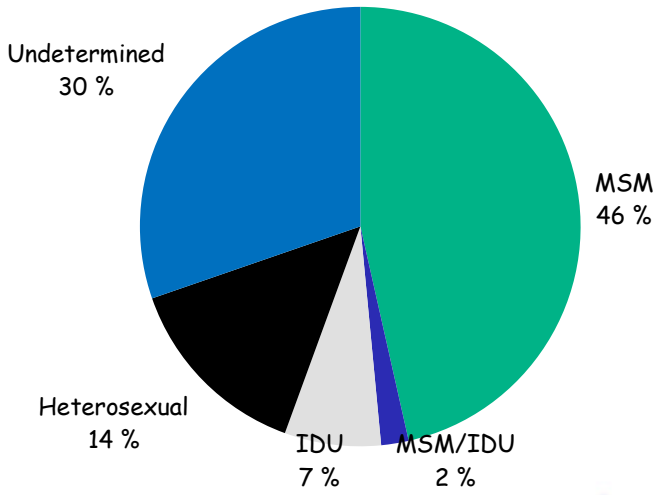
Primary and Secondary Syphilis Cases January –December 31, 2007									
2007	Total Cases	Cases w/partner Info	# HIV(+)	# HIV (-)	# HIV Unk	#MSM	#MSM HIV (+)	#MSM HIV (-)	#MSM HIV Unk
P&S♂	47	31	17	10	20	32	16	6	10
P&S ♀	9	7	0	8	1				

Primary and Secondary Syphilis Cases January –December 31, 2008									
2008	Total Cases	Cases w/partner Info	# HIV(+)	# HIV (-)	# HIV Unk	#MSM	#MSM HIV (+)	#MSM HIV (-)	#MSM HIV Unk
P&S♂	79		29	27	23	45	20	14	11
P&S ♀	14		1	7	6				

		2003		2004		2005		2006		2007		2008	
		#/ Cases	Rate/100K	#/ Cases	Rate/100K	#/ Cases	Rate/100K	#/ Cases	Rate/100K	#/ Cases	Rate/100K	#/ Cases	Rate/100K
P&S	White, NH	11	0.3	32	0.9	42	1.1	48	1.3	32	0.8	54	1.4
	Black, NH	21	6.8	12	3.9	7	2.2	18	5.7	20	6.3	27	16.7
	Hispanic	0	0	1	1.3	0	0	3	3.5	1	1.2	5	5.8
	Asian/PI	0	0	0	0	2	4.8	1	2.3	0	0	0	0
	AI/AN	0	0	0	0	1	10.1	0	0	1	1	0	0
	Other/Unk	1	N/A	2	N/A	0	N/A	3	N/A	2	N/A	7	N/A
	Total for all Race/Eth	33	0.8	47	1.13	52	1.2	73	1.8	56	1.3	93	2.2
EL	White, NH	18	0.5	10	0.3	14	0.4	23	0.6	15	0.4	29	1.5
	Black, NH	21	6.8	10	3.2	4	1.3	8	2.5	14	4.4	10	6.2
	Hispanic	1	1.4	3	3.9	3	3.7	4	4.7	3	3.5	4	10.9
	Asian/PI	0	0	0	0	1	2.4	0	0	1	2.3	0	0
	AI/AN	0	0	0	0	0	0	0	0	0	0	0	0
	Other/Unk	3	N/A	1	N/A	1	N/A	1	N/A	1	N/A	4	N/A
	Total for all Race/Eth	43	1	24	0.6	23	0.6	36	0.9	34	0.8	47	1.1

Attachment C:

KY HIV by Transmission Category, 2005-2008



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KY HIV Diagnoses, 2005-2008

	Total HIV Diagnoses	Without AIDS		Concurrent with AIDS	
Year of diagnosis	**N**	**N**	**%**	**N**	**%**
2005	334	251	75 %	83	25 %
2006	345	265	77 %	80	23 %
2007	404	307	76 %	97	24 %
2008	332	249	75 %	83	25 %
Total	**1415**	**1072**	**76 %**	**343**	**24 %**

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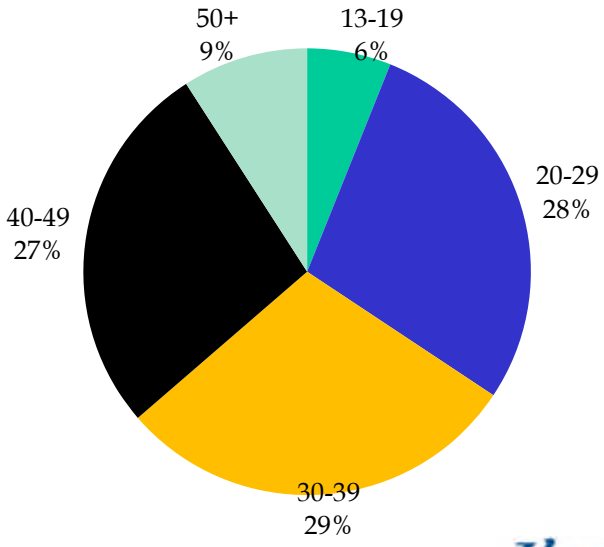
KY HIV diagnoses by Age, 2005-2008

Age at Diagnoses	Total HIV N	Total HIV %
<13	9	1 %
13-19	68	5 %
20-29	349	25 %
30-39	411	29 %
40-49	404	29 %
50+	174	12 %

HIV among MSM and MSM/IDU by Age, 2005-2008



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HIV among Men Who Have Sex With Men by Race/Ethnicity, 2005-2008

	MSM		MSM and IDU	
Race/Ethnicity	**N**	**%**	**N**	**%**
White, not Hispanic	441	67%	21	68%
Black, not Hispanic	180	28%	9	29%
Hispanic	25	4%	0	0%
Other	8	1%	≤5	N/R

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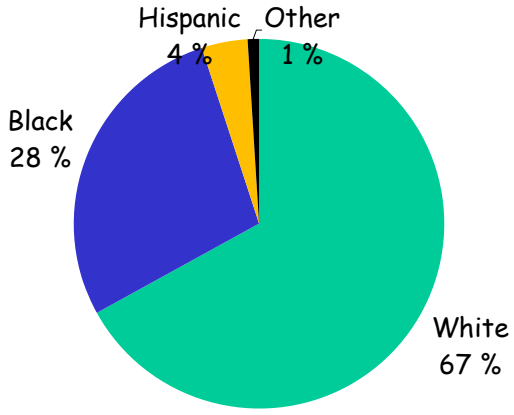
HIV among MSM and MSM/IDU by Race/ethnicity, 2005-2008



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HIV by ADD, 2005-2008

	Total HIV		HIV among MSM (MSM+MSM/IDU)	
ADD	**N**	**%**	**N**	**%**
Barren river	64	5 %	35	5 %
Big sandy	11	1 %	≤5	N/R
Bluegrass	298	21 %	160	23 %
Buffalo trace	14	1 %	8	1 %
Cumberland valley	27	2 %	12	2 %
Fivco	24	2 %	10	1 %
Gateway	10	1 %	6	1 %

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HIV by ADD, 2005-2008

	Total HIV		HIV among MSM (MSM+MSM/IDU)	
ADD	**N**	**%**	**N**	**%**
Green river	35	2 %	14	2 %
Kentucky river	12	1 %	≤5	≤5 %
KIPDA	649	46 %	323	47 %
Lake Cumberland	22	2 %	7	1 %
Lincoln trail	58	4 %	15	2 %
Northern Kentucky	108	8 %	51	7 %
Pennyrile	37	3 %	16	2 %
Purchase	44	3 %	19	3 %

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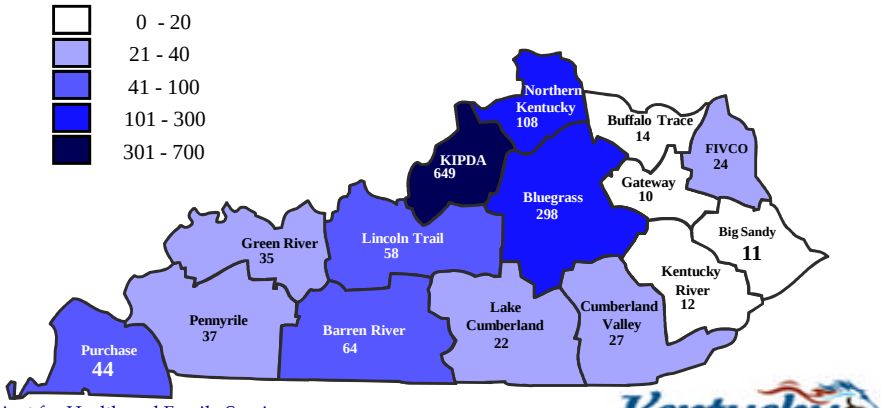
Total HIV Diagnoses by ADD, 2005 -2008



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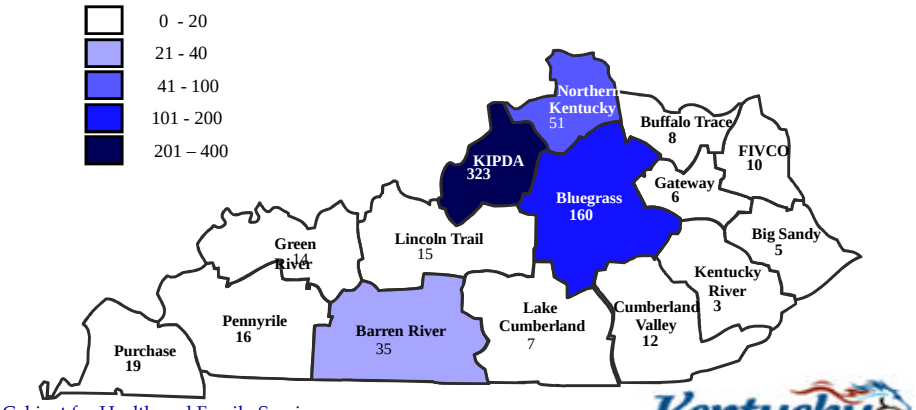
HIV among MSM and MSM/IDU by ADD, 2005-2008



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Kentucky UNBRIDLED SPIRIT

HIV among MSM and MSM/IDU in KIPDA by Race/Ethnicity and Age, 2005-2008

	<13	13-19	20-29	30-39	40-49	50+	Total
White, not Hispanic	0	≤5	37	63	63	14	**Not Releasable**
Black, not Hispanic	0	23	52	23	25	6	**129**
Hispanic	0	0	≤5	≤5	≤5	0	**8**
Other	0	0	0	≤5	≤5	0	**5**
TOTAL	**0**	**N/R**	**N/R**	**93**	**91**	**20**	**N/R**

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HIV among MSM and MSM/IDU in KIPDA by Race/Ethnicity and Age, 2005-2008

	<13	13-19	20-29	30-39	40-49	50+	Total
White, not Hispanic	0	≤5	37	63	63	14	**Not Releasable**
Black, not Hispanic	0	23	52	23	25	6	**129**
Hispanic	0	0	≤5	≤5	≤5	0	**8**
Other	0	0	0	≤5	≤5	0	**5**
TOTAL	**0**	**N/R**	**N/R**	**93**	**91**	**20**	**N/R**

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HIV among MSM and MSM/IDU in Bluegrass by Race/Ethnicity and Age, 2005-2008

	<13	13-19	20-29	30-39	40-49	50+	Total
White, not Hispanic	0	≤5	30	43	30	14	Not Releasable
Black, not Hispanic	0	≤5	10	7	6	≤5	28
Hispanic	0	0	≤5	≤5	≤5	0	10
Other	0	≤5	0	0	0	0	N/R
TOTAL	0	6	N/R	N/R	N/R	N/R	160

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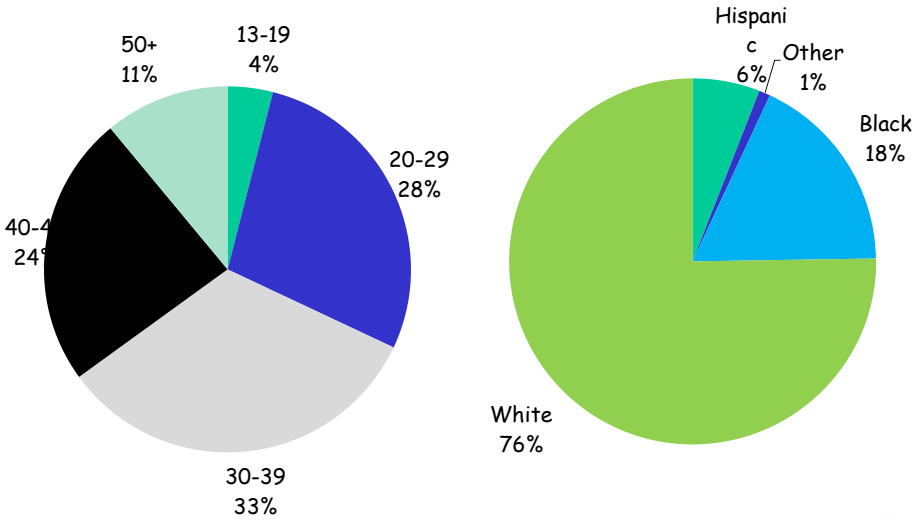
HIV among MSM and MSM/IDU in Bluegrass by Race/Ethnicity and Age, 2005-2008



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Attachment D:

Survey Tool

Demographic Information:

Unique Identification Code: Please provide your first and last initials followed by your birth date (example: TC02151966). _____

1. Age: ____

2. Race: _____

3. Ethnicity: __ Hispanic __ Non-Hispanic

4. Sexual Identity: __ Gay __ Bisexual __ Straight __ Transgender

5. County of Residence: _____

6. HIV Status (Optional) __ Negative __ Unknown __Positive

Sexual History Information:

7. Your age at time of first same sex activity (Oral or Anal not fondling or mastubation): ____

8. Was you first male partner? __ Older that you, __ Younger than you, __ Near your age

9. Would you describe the area where you met your first male partner as: __ Urban, __ Suburban, __ Rural

10. Number of male partners in past year: ____

11. What sexual activities have you engaged in with male partners?

Oral Sex receiving __

Oral Sex giving __

Anal Sex penetrating (topping) __

Anal Sex receiving (bottoming) __

12. Of the activities you marked above for which have you used condoms?

Oral Sex receiving __

Oral Sex giving __

Anal Sex penetrating (topping) __

Anal Sex receiving (bottoming) __

13. How frequently do you have sex with male partners?

__ Multiple times per week

__Weekly

__ Monthly

__ Less frequently than monthly (please specify) _____

14. How did you first learn about condom use?

School __

A friend __

A sex partner __

An HIV counseling and testing session __

An HIV prevention worker/educator __

Read a pamphlet __

Internet __

Family Member (Specify, parent, sibling, etc.) _____

15. How reliable did you consider the first information that you received about condom use?

Poor __

Adequate __

Very Reliable __

<u>Current Sexual Behavior:</u>

16. Where do you currently meet male sex partners?

__ Bars

__ Adult Bookstores

__ Parks

__ On-Line

__ Church

__ Social events (What type _____)

__ Sport events

__ Other (specify _____)

17. In which age range would you prefer your sexual partner to be?

__ 18-25

__ 25-30

__ 30-40

__ 40-50

__ 50-60

__ 60-70

__ 70-older

18. In which age range do your actual partners usually fit?

__ 18-25

__ 25-30

__ 30-40

__ 40-50

__ 50-60

__ 60-70

__ 70-older

19. What race or ethnicity would you prefer you male sexual partner to be?

__ Black

__ White

__ Hispanic

__ Native American

__ Asian

__ Other

20. What is the race or ethnicity of your actual partners usually?

__ Black

__ White

__ Hispanic

__ Native American

__ Asian

__ Other

21. Please indicate how frequently you use condoms for any of the following activities in which you engage by writing in the blank: **Never, Sometimes, or Always**

Oral Sex receiving _____

Oral Sex giving _____

Anal Sex penetrating (topping) _____

Anal Sex receiving (bottoming) _____

Intervention Participation:

If you have never participated in any of the listed activities skip to # 29

22. Please mark any of the HIV prevention activities in which you have participated by placing the approximate year in the blank that you attended the activity:

____ HIV counseling and testing

____ Spoke with an outreach worker at a bar, park or adult bookstore

____ HIV prevention workshop with a group of other men who have sex with men

____ Individual risk reduction counseling with an HIV outreach worker

____ Other (Specify) _____

23. Was the setting appropriate for an HIV prevention activity? _____

24. Did the educator seem knowledgeable? ____

25. How did attending an HIV prevention activity affect your risk taking behavior?

26. How long did your behavior change last? _____

27. Please provide a brief statement summarizing your feelings of each type of activity in which you participated. (Please respond to all that you have attended – the types are listed for you below):

* HIV counseling and testing

* Spoke with an outreach worker at a bar, park or adult bookstore

* HIV prevention workshop with a group of other men who have sex with men

* Individual risk reduction counseling with an HIV outreach worker

* Other (Specify) _____

28. What suggestions would you make to improve the quality of the activity/activities in which you participated?

Please answer the following questions whether or not you have participated in an HIV prevention activity:

29. How important do you feel HIV prevention education to be for men who have sex with other men?

__ Not Important

__ Somewhat Important

__ No Opinion

__ Important

__ Very important

30. In what format would you be most likely to accept HIV prevention education?

__ Speaking with an outreach worker in a cruising area

__ Participating in a workshop with other men who have sex with men

__ While getting an HIV test

__ Individual risk reduction counseling

__ At a bar or other social event

__ On-line

__ From a friend

__ Other (Specify)

31. Be very specific when answering this question. Where would you be most receptive to hearing an HIV prevention message (list as many locations as you would like)?

32. What would motivate you most to participate in an HIV prevention activity?

33. Please provide any additional comments that you would like to make.

Attachment E:

Survey Results

Sample (N=201)

Two-hundred and one surveys were completed by males ages 14-72 in the Western, North Central, and Eastern regions of Kentucky.

Demographics of Sample

Age

Table 1.1 Age of Respondents

Age	% of Respondents (N=201)
14-19	7.5% (n=15)
20-29	31.3% (n=63)
30-39	20.9% (n=42)
40-49	21.4% (n=43)
50-59	14.9% (n=30)
60-69	3.0% (n=6)
70-72	1.0% (n=2)

Race

Table 1.2 Race of Respondents

White	81.6% (n=164)
Black	15.4% (n=31)

Mixed	0.5% (n=1)
Asian	0.5% (n=1)
Did Not Answer	1.9% (n=4)

Sexual Identity

Table 1.3 Sexual Identity of Respondents

Gay	82.6% (n=166)
Bi-sexual	9.4% (n=19)
Straight	6.5% (n=13)
Transgender	1.0% (n=2)
Did Not Answer	0.5% (n=1)

HIV Status

Table 1.4 HIV Status of Respondents

Negative	74.1% (n=149)
Unknown	9.0% (n=18)
Positive	11.4% (n=23)
Did Not Answer	5.5% (n=11)

Reported Behaviors/Knowledge

First Learned About Condom Use

Table 2.1 Source of Respondent's First Education about Condom Use	
School	33.8% (n=68)
Friend	23.4% (n=47)
Sex Partner	10.9% (n=22)
Family Member	9.0% (n=18)
Pamphlet	7.5% (n=15)
HIV Testing & Counseling	5.0% (n=10)
Prevention Worker	4.5% (n=9)
Internet	2.5% (n=5)

Reliability of First Info

Table 2.2 Reliability of First Safer-Sex Education	
Poor	14.9% (n=30)
Adequate	54.2% (n=109)
Very Reliable	27.9% (n=56)

Condom Usage

Table 2.3 Self-Reported Use of Condoms for Sexual Activity

	Never	Sometimes	Always
Oral, Receiving	78.6% (n=158)	9.0% (n=18)	4.5% (n=9)
Oral, Giving	72.1% (n=145)	13.4% (n=27)	3.5% (n=7)
Anal, Bottoming	12.4% (n=25)	25.4% (n=51)	37.3% (n=75)
Anal, Topping	14.4% (n=29)	29.9% (n=61)	36.8% (n=74)

Importance of HIV Prevention Education

Table 2.4 Opinion of Importance of HIV Prevention Education

Not Important	1.0% (n=2)
Somewhat Important	5.5% (n=11)
No Opinion/Did Not Respond	4.0% (n=8)
Important	23.9% (n=48)
Very Important	65.7% (n=132)

Partners

Table 2.5 Where Survey Respondents Finds Sexual Partners

Location	# Meeting Partners
On-Line/Internet	95
Bars	66
Adult Bookstores	41
Social Events (Parties, Gatherings, Etc.)	40
Parks	26
Sports	12
Through Friends	10
School/Class	9
Church	9
Work	5
Coffee Shops	4
Clubs/Organizations/Support Groups	3
Bathhouses	3

Camping	2
Gyms	1
Nudist Resort/Establishment	1

Evaluation of Prevention Services

Prevention Activities Participated

Table 3.1 Respondent Participation in Prevention Activities

Activities	# Respondents Participating
HIV Testing & Counseling	94
Spoke w/ an Outreach Worker	51
Workshop	40
PCM	29

Effects of Prevention Services

Table 3.2 Self-Reported Effects of Prevention Activities

Made More Aware Of/To Think About Risk	26
Stopped Risk-Taking Behavior	11
Reinforced/Confirmed Behavior and Knowledge	8
Some Change in Risk-Taking Behavior	5
Changed Views on Safer-Sex	2
Found Out Status	2
More Selective of Partners	1

Length of Behavior Change

Table 3.3 Self-Reported Length of Behavior Change	
Not Long/None	18
Short Term (Less Than 6 Months)	13
Long Term (More Than 6 Months)	38

What Format

Table 3.4 Formats Respondents Would Be Receptive to Prevention Messages	
HIV Testing/Counseling	89
Workshop	72
On-Line	65
Friend	49
Individual	38
Bars	34
Cruising Spots	32
School	3
Social/Community Events	2
Coffee Shops	2
Pamphlets/Handouts	1
Phone	1

Where Motivated

Table 3.5 Locations Respondents Would Be Most Motivated to Participate

On-Line	17
Poster/Advertisement	16
School/University	14
Clinic/Doctor's Office/Healthcare Setting	14
Social Event/Gathering	13
Home/Friend's Home	12
Bars/Nightclubs	11
Church	5
Support Group	3
Work	2
Party	1

What Would Motivate

Table 3.6 Factors That Would Motivate Respondents to Participate in Prevention Activities

Social Setting/Friends Involved	21
Money/Gifts/Incentives	15
Helping Others/Getting Involved	12
Good Location (ie Intimate, Gay-Friendly)	6
Knowing an HIV+ Individual	5
Connected With a Support Group	5
Activity of an Organization I Belong To	3

Having More Time/Free Time	3
Food Available	3
Personality of Facilitator	2
Activity Made Fun	2
Fear/Shock (of HIV)	2
Activity Held Out of Town/Retreat	2
Ability to Raise Funds	1
Advertising of Event	1
Incorporated into a Drag Show	1
Safer-Sex Supplies Distributed	1
Ability to Talk Openly	1
Activity Held Out of Town/Retreat	1
Activity Held in Non-Clinical Setting/Tone	1

Attachment F:

Focus Group Notes

#1 Louisville MCC Church

Demographics

Age Range: 25-71; mean: 52; 20s – 1, 30s – 1, 40s – 1, 50+ - 8

Race White – 10, Black -1

Sexual Gay – 10, Bi- 1

Status Neg – 9, Pos – 1, Unknown – 1, Declined -1

1) Importance MSM Prevention Services
    - Participant "Dennis" request a safer-sex hierarchy
    - Participant "Scott" cited visibility of medicines
    - Participant "Thomas" noted that "people think the disease is under control"
    - Participant "Allen" notes role of age (become apathetic in older age)

2) What Subgroups Target
    - Participant "Scott" suggests ages 18 to mid-20s,w/ a refresher for older groups
    - Participant "Lamont" suggest minorities—and the role of religion in their culture
    - Several participants stress youth and high school students (don't think other young people have it, aren't informed about gay sex and risks, definition of "sex")
    - Down-Low Men
    - Participants Scott thinks doctors need re-education about HIV as they send message that people do not die from HIV now

3) Best format for delivering HIV prevention
    - "Lamont" suggests we "don't tell people what they can't do" and to create positive messages about having a great safe sex life… eroticize safer sex
    - "Dennis" porn should show condom being put on, not just being uses
    - "Thomas" suggests not repeating the message to same groups, but mainstreaming the message for the whole MSM population
    - "Thomas" glamorization of bareback sex hurts the prevention message
    - "Lamont" notes stigma of getting tested; need to promote info about 20 minute testing
    - "Thomas" suggests tailoring messages to groups; don't tie prevention and testing messages—at different states
    - "Neil" suggests real faces of positives, at risk, or affected individuals delivering messages

- "Dennis" suggests sexy models to push condom use

4) Locations Most Effective
    - "Thomas" wants prevention messages beyond public sex environments
    - "Scott" billboards, bus stops
    - "Dennis" says bar is wrong time

        Other suggestions: social groups, bowling leagues, gay-friendly businesses, movie previews, schools, gyms, special events
5) Most Effective Factors
    - "Dennis" suggests we need statistics and data faster—age hurts message
    - "Scott" treat everyone as if positive
    - "Dennis" focus on other diseases
    - "Lamont" Personal tragedy, Neil meeting HIV positives, Allen show affect on family and friends
    - "Lamont" visual affects of HIV
    - Dennis" financial costs
6) Additional Comments

- "Thomas" says in KY there seems to be a perception that HIV+ men have safer sex and that HIV- men have unsafe sex
- "Lamont has seen it elsewhere, particularly in South
- "Dennis" says this makes mention of using a condom grounds for believing someone is positive

7) Written Comments
    - Reflect issues/points raised in focus group dialogue

<u>#2 Paducah</u>

Demographics

Age Range: 24-59; mean: 45; 20s -1, 30s – 2, 40s – 8, 50s - 4

Race White - 15

Sexual Gay – 14, Declined - 1

Status Pos – 10, Neg – 4, Declined - 1

1. How Important…
    - "Mark" Knowledge=power
    - "Sammy" Incorrect info for MSMs
    - "Jeff" Information not continually available; myths need to be corrected
    - "Bruce" info on "HIV and homosexuals" not available in rural areas

2. Subgroups
    - "Mark" Ages 12-20 "have least amount of knowledge
    - "Tommy" Youth; older men
    - "Dale" Bi-sexuals (sexual activity, not identity) NGI

3. Message
    - "Jerry" Keep it basic
    - "Tommy" Public schools
    - "Luke" websites
    - "Dale" internet 18-24; newspaper 40-50

4. Locations
    - Bookstores, bars, parks
    - KPOL (picnics at the lake)

5. Most Effective Factor
    - "Sammy" 1on1 w/ an educator; personal interaction w/ HIV+ individual
        i. Agreed by 2 other participants
    - "Mark"… "make message fit reality of the disease today"
    - "Tommy" scare the hell out of them; personal stories
    - "Mark" don't concentrate on being safe 100% of time
    - "Jerry" difficult to overcome complacency due to treatment improvements
    - "Mark" show financial costs; stigma faced by HIV+ individuals
    - "Tommy" difficult to scare while still sending message it will be ok if you get it
    - "Jeff" re-infection needs to be part of prevention message
    - "Dale" info about testing process and locations
    - "Mark" billboards, newspaper ads; more info on testing
    - "Tommy" take testing to targeted population; social networks/friends as influence
6. Written Comments
    -

<u>#3 Paducah</u>

Demographics

Age Range: 25-52; mean: ; 20s – 2, 30s – 2, 40s – 4, 50+ - 1

Race White - 9

Sexual Gay – 5; Bi -2; Straight – 1; Transgender - 1

Status Pos – 7, Neg -2

1) How Important
    - "Bob Billy" Still lack of information and don't think about it
    - "Dakota" Important to educate teens
    - "Tony" prevention services needed in jails
    - "John" educations jails/prisons
    - "Tony" basing status on appearance
    - Lack of awareness of affects of HIV
2) Subgroups
    - "Dakota" Youth
    - "Chris" middle schools; African American and Hispanic
    - "Bill" "straight" men; guys in closet
    - "Chris" even straight men have thoughts of gay sex
    - "Chris" some churches allow education
        i. "Tony" more on role of churches
3) Message
    - "Tony" info must accompany condoms
    - "Chris" avoid "disease" and off-putting terminology
    - "Dakota" some not responsible enough to always use condoms
    - "John" focus on responsibility, on other people in person's life – in the moment, people don't care about themselves
    - "Billy" need to create casual conversations w/ friends
        1. Online info; hairdressers and community leaders
        2. Television; commercials
4) Locations
    - "Billy" gyms
    - "Dakota" libraries, community businesses
    - "Chris" community programs
    - "Chris" billboards
        1. Promote HIV/AIDS services
    - "Dakota" PSEs/outdoor locations
    - "Chris" prostitution areas, drug areas, rural areas
    - Adult bookstores, parks
    - "John" community festivals and pride events
    - "Dakota" gathering places for gay youth
        1. Chris gay meeting places
5) Most Effective Factor
    - "Tony" before and after visual campaign
    - "Billy" numbers and statistics
    - "Chris" legal issues
    - "Richard" stress re-infection

1. Chris re-infection and resistance to medications

6) Written Comments
   - "Market safety in a way that's like all the cool kids are doing it."

#4 Louisville

Demographics

Age range: 19-58; mean: ; <19 – 1, 20s – 0, 30s – 1, 40s – 4, 50s - 6

Race white - 12

Sexual gay - 12

Status pos – 4, neg – 7, unknown -1

1) How Important
   - "Josh" people don't disclose in KY
   - "Kevin" youth more accepting of gays, not educated about HIV (hiv and MSM)
     1. Seeing lots of young +'s
   - "Donald" message now is that "HIV/AIDS is not the killer it used to be"; providing more than condoms is essential
   - "Kerry" heavy stigma of being + in area
   - "Josh" poor-esteem and drug/alcohol use
2) Subgroups
   - "Joe" newly out; limited access to prevention messages
     1. Stressed also by "Kevin"
   - "Greg" youth/middle school
   - "Josh" NGI MSM and greater risks for quick satisfaction
   - "Kevin"/"Josh" female partners of NGI-MSM, particularly black and Hispanic women; still a "gay disease"
3) Locations
   - "Kerry" schools
   - "Kevin" on-line; internet as "order-in sex"
   - "Gabriel" bathrooms
   - "Donald" message delivered "person to person"
   - "Josh" incorporate prevention into drag shows and strip shows
     1. Eroticize safer sex
   - "Kenny" messages must be "fun," use humor, and be "hot" or attractive
   - "Josh" death message doesn't work, focus on quality of life

- "Gabriel" tie message to other STDs
- "Josh" where/how to access services
- "Gabriel" bars and functions
    1. Outreach workers as example
- "Kerry"/"Josh" create a "brand" something that is automatically noticed
- "Josh" focus on affects upon loved ones

4) Locations
    - "Donald" bars
    - "Josh" reaching NGI—Kroger, Wal-Mart, gas stations
    - "Kevin" sports venues, gyms
    - "Gary" do what breast cancer has
    - Gabriel annual events with MSM/gay focus
    - "Gary" take testing to the people, bars etc
5) Most Effective Factor
    - "Kenny" self esteem and image issues
    - "Kerry" put into a play
    - "Josh" focus on illness not death
    - "Kerry" comedy helps
    - "Josh" quality of life
    - "Gary" this will make you more attractive
        1. "Josh" condoms hotter than botox
    - "Donald" consistent, personal message
    - "Josh" activities simulating transmission
6) Additional Comments
    - Testing in bars (before/after drunk)

<u>#5 Lexington</u>

Demographics

Age range: 18-47; mean: ; <19 – 2, 20s – 7, 30s – 3, 40s - 1

Race White – 11, Black - 2

Sexual Gay – 11, Bi – 1, Straight - 1

Status Neg – 12, Pos -1

1) How Important
    - Houston lies and rumors about HIV; lack of youth education

- Eric college
- Steve safe-sex no longer a focus within MSM community
- Todd not the "horrible disease it once was"
- Brian younger people did not see the devastation so they don't take it as serious; info not out there like it used to be
- Brian Can't tell if someone has it just by looking at them; think partners will tell them
- Todd testing, safer sex not the norm among youth
- Jody media focuses on medicines, not prevention
- Daniel if there was as much focus as there was upon anti-smoking, could eliminate this illness
- Jody lack of adequate sex education in high school

2) Subgroups
   - Eric NGI-MSM don't consider themselves at risk
   - Houston AA MSM… many black men are in the closet
   - Todd MSM who use drugs
   - Houston younger MSM think getting HIV is a "rite of passage", going to get it anyway
   - Mike Bi men
   - Daniel condom usage messages in school focused upon pregnancy
   - Brian married men, used to not using protection at home so don't with male partners
3) Message Format
   - Daniel personal accounts from HIV+ individuals
   - Eric public open forums
   - Houston subtle messages in other context; use a cue from marketing
   - Todd make bar outreach more than just condoms
   - Kevin fear should be a part of the message—fear in "an appropriate way"
   - Daniel bookstores, bars, liquor stores
   - Houston creative packaging for condoms—like One Condoms
   - Mike "places you can't get away from it" – grocery stores, billboards, dressing rooms
   - Eric on cruising websites
   - Todd Dr office, health care providers don't ask enough question
   - Houston commercials of people w/ HIV giving their story; reduce stigma by presenting normal people who *happen* to be HIV+
4) Locations
   - Eric mobile units
   - Brian utilize symbols like the Trojan Car
   - Todd churches – people there are hiding things so they need education

- Eric use more sexually active people as messengers
- Several mentions of utilizing internet for prevention messages
- Steve freshmen orientation packets

5) Most Effective Factor
   - Eric shock value – reality of medications, life changes
   - Houston mentioned transmission simulation activity
   - Donald finding out a friend was HIV+ at age 16
   - Houston correcting myths
   - Steve "Your Brain on Drugs" campaign referenced
   - Kevin something similar to the before and after meth campaign
   - Josh campaigns that stress personal responsibility
   - Steve role models delivering messages
   - Brian balancing a message that both normalizes HIV and incorporates an appropriate sense of fear
6) Additional Comments
   - Open public forums again suggested
   - Facebook as a means of reaching individuals/disseminating information (cheap advertising, accessibility, etc.)
7) Written Comments
   - "Utilize COMMUNITY LEADERS and ROLE MODELS."
   - "The internet and social networking sites would probably be the best method right now. Radio and TV are also good."

<u>#6 Lexington</u>

Demographics

Age range: 24-58; mean: ; 20s – 5, 30s – 2, 40s – 3, 50+ - 2

Race White – 9, Black – 2, Hispanic - 1

Sexual Gay – 11, Bi -1

Status Pos – 1, Neg - 11

1) How Important
   - Rob younger MSM don't know importance of safer sex
   - Rick young people and risk
   - Kevin information needs to be delivered early
   - Brian HIV myths

2) Subgroups
    - Josh high school/college age
    - Brandon lower socio-economic groups because of lack of access to info and services
    - Rod Hispanic immigrants who might not have access to information because "the culture does not talk about HIV or homosexuality"
    - Walter rural MSM; small town mentality makes them feel it won't happen to them
    - Morris European men
    - Kevin Age 35+, started having sex before the epidemic
3) Message Format
    - Chuck social events other than bars (gay volleyball league); must provide opportunities for socializing
    - Rod HIV "was in your face" and "now it is not"
    - Rick HIV not considered a killer disease now
    - Kenny, others agreed; people are not as afraid of it as they used to be
    - Brandon first hand experiences
    - Rick agreed; first hand accounts of living with HIV would be effective
    - Walter references The Truth anti-smoking campaign; scare/shock tactics
    - Josh instant gratification…. Need a quick message
    - Rick shock value
    - Kevin, Morris stories of volunteering and the impact of first hand experience with HIV+ individuals
    - Chuck question and answer sessions where individuals have an opportunity to anonymously ask questions and receive educated answers
4) Locations
    - Rick homeless shelters (Hope Center)
    - Morris leather clubs, bear clubs
    - Rick social events—provide materials and info
    - Walter bars and clubs
    - Brandon reaching people who are active in the gay community is not the issue—reaching people who are 'in the closet' would be more important
    - Josh, Walter LGBTQ groups
    - Morris educate on other STDs more broadly
    - Josh churches
    - Brian drag queens/performers could deliver messages
    - Brandon contacting representatives could change criteria which prevents education from occurring
5) Most Effective Factor
    - Rod seeing people living with HIV/AIDS

- Rick seeing reality, individuals willing to share their life
- Morris mentioned crack cocaine campaign, extreme visuals
- Morris myth that you can tell by appearance
- Walter stats aren't meaningful with the dark figure of those who don't get tested
- Josh educate, don't preach
- Rod billboard campaigns
- Kevin show cost comparison for the HIV+ person vs. HIV- person

6) Written Comments
   - "Provide it in conjunction with other activities—volleyball, bowling, etc.
   - "When people are educated and not preached at, I feel is an effective factor to motivate a MSM to change behavior. People don't want to be talked down to."
   - (on what subgroups to target) "Hispanics because they are all fed there is no one else like them [Hispanic MSM], especially if they come from Mexico."

#7 Lexington (Write-In Data)

Demographics

Age range: 23-66; mean: ; 20s – 4, 30s -2, 40s – 5, 50+ - 4

Race White – 11, Black – 3, Hispanic - 1

Sexual Gay- 8, Straight 0 1, Bi – 5, Declined - 1

Status Neg – 12, Unknown – 2, Declined -1

Aggregate Focus Group Age Data	
<20	3
20s	20
30s	13
40s	26

50+	25

Aggregate Focus Group Race Data	
White	77
Black	8
Hispanic	2

Aggregate Focus Group Self-Identified Sexual Orientation Data	
Gay	71
Bisexual	10
Straight	3
Transgendered	2
Declined Answer	1

Aggregate Focus Group HIV Status Data	
HIV+	24
HIV-	57
Unknown Status	4
Declined Answer	2